Board of Supervisors, Fourth District Designated Agency Contact (Name, Tele) Nancy Herrera, Ticket Administrator Area Codeffhone Number E-mail	1.	Agency Name					Date Stamp	California OOO
Board of Supervisors, Fourth District Designated Agency Contact (Name, Trile) Nancy Herrera, Ticket Administrator Area Code/Flone Number [E-mail] (213) 974-4444 nherrera@bos.lacounty.gov Date of Original Filling:		Los Angeles County						Form OUZ
Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator Area Code/Phone Number (1/Nust Provide Explanation in Part 3.) Area Code/Phone Number (2.13) 974-4444 Inherrera@bos.lacounty.gov 2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) 45 Event Description: \(\) Dodgers Tickets Event Description: \(\) Dodgers Tickets Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: \(\) Los Angeles Dodgers Was ticket distribution made at the behest Yes \(\) No \(\) If yes: \(\) Official's Name (Last, First) Was ticket distribution made at the behest Yes \(\) No \(\) If yes: \(\) Official's Name (Last, First) 3. Recipients **Use Section A to Identify the agency's department or unit. **Use Section B to Identify an individual. **Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit of Ticket(s)/Passes Board of Supervisors 2. Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Passes Ceremonial Role \(\) Other \(\) Income discribe below: C. Name of Outside Organization (Income of Ticket(s))/Passes Ceremonial Role \(\) Other \(\) Income of Ticket(s)/Passes Ceremonial Role \(\) Other \(\) Income of Ticket(s)/Passes Ceremonial Role \(\) Other \(\) Describe the public purpose made pursuant to the agency's polic (Income of Ticket(s))/Passes C. Name of Outside Organization (Income of Ticket(s))/Passes Describe the public purpose made pursuant to the agency's polic (Income of Ticket(s))/Passes Describe the public purpose made pursuant to the agency's polic (Income of Ticket(s))/Passes Describe the public purpose made pursuant to the agency's polic (Income of Ticket(s))/Passes Describe the public purpose made pursuant to the agency's polic (Income of Ticket(s))/Passes Ceremonial Role \(\) Other \(\) Other \(\) Income of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's polic (Income of T		Division, Department, or Reg	ion (if applicable)				*	For Official Use Only
Nancy Herrera, Ticket Administrator Area Code/Phone Number (213) 974-4444 nherrera@bos.lacounty.gov Date of Original Filing:		Board of Supervisors, Fourt	h District					
Area Code/Phone Number (213) 974-4444		Designated Agency Contact	Name, Title)	di esta della di				
Area Code/Phone Number (213) 974-4444 nhemera@bos.lacounty.gov Date of Original Filing:		Nancy Herrera, Ticket Admi	nistrator				Amendment (Must Pro	vido Evolonation in Deut 2.)
2. Function or Event Information Does the agency have a ticket policy? Yes \ No \ Date(s) \ Dat		Area Code/Phone Number	E-mail	11.100.0017.4	100		Amendment (Mast Fit	wide Explanation in Part 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \frac{45}{28 \ J 17} \] Event Description: \frac{Dodgers Tickets}{Provide Titlef Explanation} Ticket(s)/Pass(es) provided by agency? Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behest Yes No If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution and the behast Yes If no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behast Yes In no: \frac{Los Angeles Dodgers}{Name of Source} Was ticket distribution made at the behast Yes In no: Los Ange		(213) 974-4444	nherrera@bos	.lacount	ty.gov		Date of Original Filing:	(month, day, year)
Event Description: Dodgers Tickets Provide Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes No S If no: Los Angeles Dodgers Was ticket distribution made at the behest Yes No S If yes: Official's Name of Source Was ticket distribution made at the behest Yes No S If yes: Official's Name (Last, First) 3. Recipients *Use Section A to Identify the agency's department or unit. *Use Section B to Identify an individual. *Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Board of Supervisors 2 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Caremonial Role Official Content of Content Official Content Offi	2.	Function or Event Inform	mation			(4.7)	0.00000	
Ticket(s)/Pass(es) provided by agency? Yes No S If no: Los Angeles Dodgers Name of Source Was ticket distribution made at the behest Yes No S If yes:		Does the agency have a tick	cet policy?	Yes 🛛	No 🗆	Face Value of B	Each Ticket/Pass \$ 45	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles Dodgers Name of Source Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) 3. Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Official's Name (Last, First) Board of Supervisors 2 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Other Official's Name (Last, First) B. Name of Individual (Last, First) Other Official's Name of the following: Other Official's Name (Income of the following) Ceremonial Role Official's Other Official Section Common of Ticket(s) Passes C. Name of Outside Organization of Ticket(s) Passes C. Name of Outside Organization of Ticket(s) Passes Describe the public purpose made pursuant to the agency's polic (Income of Ticket(s)) Passes Describe the public purpose made pursuant to the agency's polic passes Inaver read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordation with the requirements. The Adams Adams Nancy Herrera Ticket Administrator 05/31/17		Event Description: Dodgers		/Evalencia		Date(s)05/	28 / 17	
Was ticket distribution made at the behest Yes		Ticket(s)/Pass(es) provided				If no. Los Ange	eles Dodgers	
of agency official? 3. Recipients - Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Officials Name (Last, First) Board of Supervisors 2 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) B. Name of Individual (Last, First) - Passes - Ceremonial Role - Other - Income if checking "Ceremonial Role" or "Other" describe below: - C. Name of Outside Organization (Include address and description) - Number of Ticket(s)/ Passes - C. Name of Outside Organization (Include address and description) - Number of Ticket(s)/ Passes - Describe the public purpose made pursuant to the agency's polic purpose made pursuant to the agency's polic passes - Number of Ticket(s)/ Passes - Describe the public purpose made pursuant to the agency's polic passes - Number of Ticket(s)/ Passes - Describe the public purpose made pursuant to the agency's polic passes - Number of Ticket(s)/ Passes - Describe the public purpose made pursuant to the agency's polic passes - Number of Ticket(s)/ Passes - Describe the public purpose made pursuant to the agency's polic passes - Number of Ticket(s)/ Passes - Number of Ticket(s)/ Passes - Describe the public purpose made pursuant to the agency's polic passes - Number of Ticket(s)/ Passes - Describe the public purpose made pursuant to the agency's polic passes - Number of Ticket(s)/ Passes - Number of Ticket(s)/ Passes - Describe the public purpose made pursuant to the agency's polic passes - Number of Ticket(s)/ Passes - Numb		mental(e)/r dee(ee) promaca	ey agoney.	103 🖂	NO M			
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit of Ticket(s)/ Passes Board of Supervisors 2 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Ceremonial Role Other Income It checking Ceremonial Role Other Other Other Other Describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's polic Other Other Other Describe below: Income It checking Ceremonial Role Other Other Describe below: C. Name of Outside Organization (Include address and description) Income It checking Ceremonial Role Other Describe below: Describe the public purpose made pursuant to the agency's polic Other Describe the public purpose made pursuant to the agency's polic Other Describe the public purpose made pursuant to the agency's polic Other Describe the public purpose made pursuant to the agency's polic Other Describe the public purpose made pursuant to the agency's polic Other Describe the public purpose made pursuant to the agency's polic Other Describe the public purpose made pursuant to the agency's polic Other Describe the public purpose made pursuant to the agency's polic Other Describe the public purpose made pursuant to the agency is in accordated to the Other Describe the Other Des			at the behest	Yes 🗌	No 🗵	If yes:	Official's Name (Last, First)	
B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Identify one of the following: Income Inchesking "Ceremonial Role" or "Other" describe below: Income Inchesking "Ceremonial Role" or "Other describe below: Income Income Inchesking "Ceremonial Role" or "Other describe below: Income Income Inchesking "Ceremonial Role" or "Other describe below: Income In	3.	• Use Section A to identify the agen		nit. • Use				
B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Identify one of the following:		A. Name of Agency, Depa	0		Describe the	e public purpose made pursu	ant to the agency's policy	
B. Name of Individual (Last, First) of Ticket(s)/ Passes Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policing the requirements. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordate with the requirements. Manage of Outside Organization (Include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policing that the requirements. I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordate with the requirements. Manage of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policing that the distribution set forth above, is in accordate to the requirements. Ticket Administrator 05/31/17	Ŷ.	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policing vertical and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordation with the requirements. Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policing vertical and understand forth above, is in accordation with the requirements. Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policing vertical and understand forth above, is in accordation with the requirements. Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency is policing vertical and understand for the agency is p				0	f Ticket(s)/			
Number of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's police Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's police Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's police Number of Ticket(s)/ Passes Number of Tic								Income Libe below:
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policities. I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordate with the requirements. Nancy Herrera Ticket Administrator 05/31/17								Income I
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Nancy Herrera Ticket Administrator 05/31/17					f Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Nancy Herrera Ticket Administrator 05/31/17		V (*)						
with the requirements. Nancy Herrera Ticket Administrator 05/31/17				00444	1.400.40	110000000000000000000000000000000000000		
Manage Herrera Ticket Administrator 05/31/17			PC Regulations 1	hat the distribution set fort	h above, is in accordance			
	-	Marcy He	non	Ticket Administrator	05/31/17			
Comment:		Signature of Agency Head or Designation					Title	(month, day, year)

Agency Report of:

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	eremonial	KOIA	EVANTS and	LICKOTIPAGE	Distributions
u	CICIIIOIIIAI	IVOIC	L V CIILO alla	HUNGUI GOO	DISHIDURIO

1.	Agency Name					Date Stamp	California OOO	
	Los Angeles County						Form OUZ	
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	Board of Supervisors, Fourt	h District						
	Designated Agency Contact	(Name, Title)					•	
	Nancy Herrera, Ticket Admi	nistrator				Amendment (Must Pro	vida Evalanation in Bort 2.1	
	Area Code/Phone Number	E-mail				Ameriament (Must F10	vide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bo	s.lacou	inty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a ticl	ket policy?	Yes 🛛	No □	Face Value of I	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	150	100 [Date(s)05			
	Zvorik Bodonpilotti.	Provide Tit	le/ Explana	tion				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No ⊠	If no: Los Ange	eles Dodgers		
	Man tinket distribution made				If yes:	Name of Source		
	Was ticket distribution made	e at the benest	Yes L	No ⊠	ii yes	Official's Name (Last, First)		
	of agency official?							
3.	Recipients							
	• Use Section A to identify the agen	cy's department or	unit. • U	se Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Depar	artment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)		
	B. Name of Individual (Last, First)			Number of Ticket(s)/ Passes		Identify one of the following:		
						onial Role Other ing "Ceremonial Role" or "Other" descri	Income In	
						onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income	
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
1.	Verification							
	I have read and understand FP with the requirements.	PC Regulations	I have verified to	hat the distribution set fort	h above, is in accordance			
	Jones Tene	ra	Ticket Administrator	05/31/17				
	Signature of Agency Head or Design	ee	Title	(month, day, year)				
	Comment:							

1.	Agency Name	Service Control of the Control of th				Date Stamp	California 802	
	Los Angeles County						101111	
	Division, Department, or Reg	jion (if applicable)					For Official Use Only	
	Board of Supervisors, Fourt							
	Designated Agency Contact	(Name,Title)						
	Nancy Herrera, Ticket Adm	inistrator				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				_		
	(213) 974-4444	nherrera@bo	s.lacou	inty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tic	ket policy?	Yes 🗵	No□	Face Value of I	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	Tickets			Date(s)05	, 26 , 17	, ,	
	Event Description.	Provide Titl	e/ Explana	ntion				
	Ticket(s)/Pass(es) provided	by agency?	Yes □	No ⊠	If no: Los Ang	eles Dodgers		
			Y=33			Name of Source		
	Was ticket distribution made	e at the benest	Yes _	No⊠	If yes:	Official's Name (Last, First)		
	of agency official?							
3.	Recipients							
	• Use Section A to identify the agen	cy's department or	unit. • U	se Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	rsuant to the agency's policy	
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)		
		Name of Individual (Last, First)				Identify one of the f		
						onial Role		
		*			The second secon	onial Role Other Cing "Ceremonial Role" or "Other" de		
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
			+					
	Verification							
	I have read and understand FP	PC Regulations	18944 1	and 18942	I have verified to	hat the distribution set fo	orth above is in accordance	
	with the requirements.	. o riogalations	THE THE GIOTED WHO IT SELECT	in accordance				
- medical	Mary Ilm	Ohen	Nancy	Herrera		Ticket Administrator	05/31/17	
	Signature of Agency Head or Design	ee	Title	(month, day, year)				
	()			t Name			1,000,000,000,000,000,000	
	Comment:							

1.	Agency Name					Date Stamp	California QQ2
	Los Angeles County						Form OUZ
	Division, Department, or Reg	ion (if applicable)					For Official Use Only
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact	Name, Title)	ži –	-100			
	Nancy Herrera, Ticket Admi	nistrator				Amendment (Must Pro	vida Evalanation in Bart 3.)
	Area Code/Phone Number	E-mail		333.55		Americanent (Mast Fro	vide Explanation in Part 3.)
	(213) 974-4444	nherrera@bos	.lacounty.	gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy?	Yes 🛛 N	o 🗌 F	ace Value of I	Each Ticket/Pass \$ 45	
	Event Description: Dodgers	Tickets			Date(s)05/	, 25 , 17	1 1
	Event Description.	Provide Title/	'Explanation				
	Ticket(s)/Pass(es) provided	by agency?	Yes □ N	o 🛛 I	f no: Los Ange	eles Dodgers	
	AMI - Calada Patricia Carana - La	- (() - () - () - ()	<u> </u>		fvoo	Name of Source	
	Was ticket distribution made	at the benest	Yes ☐ No	o ⊠ '	f yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or u	nit. • Use Sec	tion B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit			umber icket(s)/ asses	Describe the	e public purpose made pursu	ant to the agency's policy
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)	
			Ni	ımber			
	B. Name of Indiv		of T	icket(s)/ asses		Identify one of the foll	owing:
					1	onial Role Other ing "Ceremonial Role" or "Other" descri	Income In
				-		onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income
	C. Name of Outside Organization (include address and description)		of Ti	mber cket(s)/ isses	Describe the	e public purpose made pursu	ant to the agency's policy
	Verification						
	I have read and understand FPI	PC Regulations 1	8944.1 and	18942.	I have verified th	hat the distribution set fort	h above, is in accordance
-	with the requirements.	101					
	1 pres 400	ver 1	Nancy Her		1	Ticket Administrator	05/31/17
	Signature of Agency Head or Designe	ee	Print Nam	е		Title	(month, day, year)
	Comment:						
	the second state of the second						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Dodgers Tickets Date(s) __05__/ 24 / Provide Title/ Explanation If no: Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes 2 Board of Supervisors Ticket Policy Sec 5.3(k) Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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₹.	·v	C		••	ľ	·a	u	v	

I have read and	understand FF	PPC Regulations	18944.1 and	l 18942. I have	verified that the	distribution set	forth above, i	s in accordance
with the requirer	ments.							

wall the requirements.		
I may Henera	Nancy Herrera	Ticket Administrator
Signature of Agency Head or Designee	Print Name	Title

Title (month, day, year)

05/31/17

1.	Agency Name			Mark Hartwood		Date Stamp	California On 2	
	Los Angeles County						Form OUZ	
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	Board of Supervisors, Fourt	h District						
	Designated Agency Contact (Name,Title)						
	Nancy Herrera, Ticket Admi	nistrator				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				Ameriament (Mast Fit	vide Explanation in Fait 3.)	
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing:(month, day, year)		
2.	Function or Event Inform	mation				**************************************		
	Does the agency have a tick	et policy?	Yes 🗵	No 🗆	Face Value of I	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	Tickets Provide Title	e/ Evolanat	ion	Date(s)05	, 23 , 17		
	Ticket(s)/Pass(es) provided				If no: Los Ang	eles Dodgers Name of Source		
	Was ticket distribution made of agency official?	at the behest	Yes 🗌	No 🗵	If yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen-	cv's department or	unit. • Us	e Section B to	identify an individ	ual. • Use Section C to identif	v an outside organization	
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes		e public purpose made pursu		
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)		
	B. Name of India (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the fol	lowing:	
						onial Role Other ing "Ceremonial Role" or "Other" description	Income Income ibe below:	
						onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income	
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
1	Verification							
	I have read and understand FPI	PC Regulations	18944.1	and 18942.	I have verified ti	hat the distribution set fort	h above, is in accordance	
•	with the requirements.	01 -	New	l lawere		Tializat Advertisis	05/04/15	
	Signature of Agency Head or Designation	ee .		Herrera Name		Ticket Administrator Title	05/31/17 (month, day, year)	
	Comment:							

1.	Agency Name					Date Stamp	California 802	
	Los Angeles County						Form OUZ	
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	Board of Supervisors, Fourt	h District						
	Designated Agency Contact	(Name,Title)				1		
	Nancy Herrera, Ticket Admi	nistrator				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				The sum of the second s		
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a ticl	ket policy?	Yes 🛛	l No□ F	ace Value of I	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	Tickets	691000-3430		Date(s)05		1 1	
	Event Description.	Provide Title	e/ Explana	tion				
	Ticket(s)/Pass(es) provided	by agency?	eles Dodgers					
			Name of Source					
	Was ticket distribution made	e at the behest	Official's Name (Last, First)					
	of agency official?							
3.	Recipients							
٠.	• Use Section A to identify the agen	cy's department or	ual. • Use Section C to identif	fv an outside organization.				
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes		e public purpose made purs		
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)		
	B. Name of Individual (Last, First)			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
						onial Role Other of "Other" description of "Other" description of "Other" description of "Other" description of the other other of the	Income In	
						onial Role Other on "Other of the other o	Income Income	
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
4	Vouitionting							
ŧ.	Verification	DO D	40044		I have seed to	had the district	di aliana e e	
_	I have read and understand FP with the requirements /	PC Regulations	hat the distribution set for	th above, is in accordance				
	with the requirements.	0.		Herrera				
	17mg fm	er	Ticket Administrator	05/31/17				
	Signature of Agency Head or Design	ee	Title	(month, day, year)				
	Comment:							

1.	Agency Name					Date Stamp	California OOO			
	Los Angeles County						Form OUZ			
	Division, Department, or Reg	ion (if applicable)					For Official Use Only			
	Board of Supervisors, Fourt	h District								
	Designated Agency Contact	(Name, Title)								
	Nancy Herrera, Ticket Admi	nistrator				Amandment (Must Des	ovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				Amendment (wast Fit	ovide Explanation in Part 3.)			
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing: _	(month, day, year)			
2.	Function or Event Infor	mation								
	Does the agency have a tick	cet policy?	Yes ⊠	No 🗆	Face Value of I	Each Ticket/Pass \$ 45				
	Event Description: Dodgers	Tickets			Date(s)		1 1			
		Provide Titl	e/ Explana	tion						
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No ⊠	If no: Los Ang	eles Dodgers				
	Man tipleat distribution made	at the beheat	Name of Source							
	Was ticket distribution made at the behest Yes ☐ No ☒ If yes:									
9	of agency official?									
3.	Recipients									
	• Use Section A to identify the agen	cy's department or	unit. • Us	se Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy			
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)				
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fol	lowing:			
						onial Role Other of "Other" descripting "Ceremonial Role" or "Other" descriptions	Income In			
		, , , , , , , , , , , , , , , , , , ,				onial Role Other Initial Online on "Other" description of "Other" descriptions on the other of t	Income In			
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy			
ŀ.	Verification									
	I have read and understand FP with the requirements.	PC Regulations	18944.1	and 18942.	. I have verified t	hat the distribution set fort	th above, is in accordance			
	non The	1 1	Nanovi	Horroro		Ticket Administrates	05/04/47			
	Signature of Agency Head or Design	ee		Herrera		Ticket Administrator	05/31/17 (month, day, year)			
	Signature of agricultural of Design		1100	(month, day, year)						
	Comment:									

CHRISTIA						r				
1.	Agency Name					Date Stamp	California 802			
	Los Angeles County						Form OUZ			
	Division, Department, or Reg						For Official Use Only			
	Board of Supervisors, Fourt									
	Designated Agency Contact									
	Nancy Herrera, Ticket Admi	nistrator				Amendment (Must Pi	rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail								
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing: -	(month, day, year)			
2.	Function or Event Infor	mation								
	Does the agency have a tick		Vac IV	No 🗆	Face Value of I	Each Ticket/Pass \$ 45	j			
			163 🖂							
	Event Description: Dodgers	Provide Title	/ Evnlanat	ion	Date(s)05	/				
	Ticket(s)/Pass(es) provided				f no: Los Ang	eles Dodgers				
	(0) 200(00) p.01.202	.,g, .	Name of Source							
	Was ticket distribution made	at the behest	Official's Name (Last, First)							
	Was ticket distribution made at the behest Yes ☐ No ☒ If yes:									
-										
3.	Recipients			1 . 77 . 0 . 0 . 11						
	Use Section A to identify the agen	cy's department or u	ınit. • Us		identify an individ	ual. • Use Section C to identi	ity an outside organization.			
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy			
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)				
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:			
						onial Role Other on "Other" des				
						onial Role Other I				
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy			
	Verification I have read and understand FP	PC Regulations	18944 1	and 18942	I have verified to	hat the distribution set fo	rth above, is in accordance			
	with the requirements.	2		marre, to it accordance						
	Man Ham	Olas	Ticket Administrator	05/31/17						
	Signature of Agency Head or Design	ee	Title	(month, day, year)						
	U									
	Comment:									

1.	Agency Name	460000				Date Stamp	California OOO	
	Los Angeles County						Form OUZ	
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	Board of Supervisors, Fourt	h District						
	Designated Agency Contact	(Name, Title)						
	Nancy Herrera, Ticket Admi	nistrator	Amendment (Must Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail				Amendment (wast Pro	ovide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🛛	No 🗆	Face Value of I	Each Ticket/Pass \$ 45		
	Event Description: Dodgers Tickets				Date(s)05			
	Eveni Description.	Provide Titi	e/ Explana	tion				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No ⊠	If no: Los Ang	eles Dodgers		
						Name of Source		
	Was ticket distribution made	at the behest	Yes 🗌	No ⊠	If yes:	Official's Name (Last, First)		
	of agency official?					1-1-1-4		
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Us	se Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa			Number of Ticket(s)/ Passes		e public purpose made purs		
	Board of Supervisors			2	Ticket Policy	Ticket Policy Sec 5.3(k)		
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fol	lowing:	
						onial Role Other on "Other description of the descr	Income In	
		1,7000				onial Role Other ing "Ceremonial Role" or "Other" descri	Income In	
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
1	Verification		il .					
	I have read and understand FP. with the requirements.	PC Regulations	18944.1	and 18942.	I have verified to	hat the distribution set for	th above, is in accordance	
					Ticket Administrator	05/31/17		
	Signature of Agency Head or Design	ee	Print	Name		Title	(month, day, year)	
	Comment:							

	Agency Name				Date Stamp	California 802	
	Los Angeles County						
	Division, Department, or Region (if app		For Official Use Only				
	Board of Supervisors, Fourth District						
	Designated Agency Contact (Name, Title						
	Nancy Herrera, Ticket Administrator	- Amendment at an					
	Area Code/Phone Number E-mail		W 7.855		Amendment (Must Pro	vide Explanation in Part 3.)	
	(213) 974-4444 nherrer	a@bos.lacc	unty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Information						
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of				Each Ticket/Pass \$ 45		
	Event Description: Dodgers Tickets Date(s) 05						
	Pro	_					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los A				geles Dodgers		
				[Name of Source		
	Was ticket distribution made at the be of agency official?	enest Yes [□ No 🗵 □	yes:	Official's Name (Last, First)	-	
	- agency chicar:					(2)	
3.	Recipients						
	• Use Section A to identify the agency's departr	nent or unit. •	·	dentify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Department or l	Number of Ticket(s)/ Passes	Describe th	be the public purpose made pursuant to the agency's polic			
	Board of Supervisors	2	Ticket Policy Sec 5.3(k)				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the fol	lowing:	
	(Last, First)		Passes		identity one of the for	lowing.	
					onial Role Other Other description "Ceremonial Role" or "Other" description of the control of th	Income [
						пре реіом:	
					onial Role Other in one of the or "Other" descripting "Ceremonial Role" or "Other" descriptions	Income [
	C. Name of Outside Organization (include address and descriptio	n)	Number of Ticket(s)/ Passes	If check		Income [
		n)	of Ticket(s)/	If check	ing "Ceremonial Role" or "Other" descr	Income [
<u></u>		n)	of Ticket(s)/	If check	ing "Ceremonial Role" or "Other" descr	Income [
	(include address and descriptio		of Ticket(s)/ Passes	Describe th	ing "Ceremonial Role" or "Other" descr e public purpose made pursu	Income libe below:	

	Agency Name				Date Stamp	California Ono	
	Los Angeles County			Form 802			
	Division, Department, or Reg	jion (if applicable)	1	For Official Use Only			
	Board of Supervisors, Four	th District					
	Designated Agency Contact	(Name, Title)	1				
	Nancy Herrera, Ticket Adm	inistrator			Amendment (Must Provide	· Former in Book 2.	
	Area Code/Phone Number	E-mail			Amendment (Wast Provide	e Explanation in Part 3.)	
	(213) 974-4444	nherrera@bos.laco	ounty.gov		Date of Original Filing:	nonth, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes [Each Ticket/Pass \$ 45				
	Event Description: Dodgers	200 200 200	<u> 8 , 17 </u>	,			
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Los			If no: Los Ang	yeles Dodgers Name of Source		
	Was ticket distribution made	a at the hehest V I	□ N. 17	If yes:			
	of agency official?	s at the beliest Yes [L NO KI	y c c	Official's Name (Last, First)		
3.	Recipients	acy's department or unit	Lica Caction P to	identify an individ	dual. • Use Section C to identify an	outside agentication	
	- Ose Section A to identify the ager	icy's department of unit.	Number	identity an individ	idal. Ose Section C to identify an	outside organization.	
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
	Board of Supervisors		2	Ticket Policy	y Sec 5.3(k)		
				1			
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the follow	ing:	
			of Ticket(s)/	200000000000000000000000000000000000000	Identify one of the following and the state of the	Income	
			of Ticket(s)/	If check	nonial Role Other	Income Income	
		rs <i>t)</i>	of Ticket(s)/	If check	nonial Role Other king "Ceremonial Role" or "Other" describe b	Income In	

with the requirements.

Comment: _

Nancy Herrera Ticket Administrator 05/31/17 (month, day, year)